

13307 Miami Lane, Caldwell, ID 83607 Phone: 208.455.5400 Fax: 208.455.5405

Food Establishment Plan Review Application

	and/or construction e footage to kitchen and/or fo rom one type of operation to a			uired
Establishment Name:				
Category: Restaurant	Market Processor	Mobile Service	School	Other
Submission Date:				
Business Address				
Name of Owner and Title: (Owner, Manager	r) Mailing A	Mailing Address		Telephone
Applicant Name	Applicant Name Mailing Address			Telephone
Designer/Architect	Mailing A	Address		Telephone
Send copy of approval letter to the fo	ollowing authorities:			
Agency name/contact mailing address				
Agency name/contact mailing address				
Number of Seats	Number of Staff:(Max per shift)	Number N (Estimated	leals to be Served _ number)	
Total square feet of facility				
Projected date for start of project				Ш
Projected date for completion of project				
Please enclose the following of Proposed menu (Including sea Manufacturer specification she Site plan showing location	sonal, off-site and banquet m	ondo,		
Please return applic	cation and documents	with \$100.00 rev	iew fee	
For Office Use Only	_ Date:R		Initial	
Plan Review Fee \$ Payment Type: Cash Chec		.eceipt #	IIIIIai _	